CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

		casure our		SIVIC)	
1. DATE OF REPORT July 10, 2014		NO on One	Tennessee	, Inc.	
2. SHORT NAME OF COMMITTEE	(IFAPPLICABLE)				
Vote NO on One					
ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Dhana
50 Vantage Way, Suite 102	2 Nashville		TN	37228	Phone (615) 345-0952
MEASURES SUPPORTED OR C	PPOSED				
Amendment 1					
5.A. NAME OF POLITICAL TREASUR	RER			5.B. E	DATEAPPOINTED
Barbara Lapides				Februa	ary 1, 2014
6. CATEGORY OR REPORT (Che	ck one)				
FIRST SECOND QUARTER QUARTER	THIRD FOURTH QUARTER QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING	3 PERIOD			ORTING PERIOD	
April 1, 2014 8. (Check one)		June 30,	2014		
expenditures total \$1,000 is true and that the comm and 10f must also be cor B.X This committee is require \$1,000 and/or expenditure tained in this statement is	. ,	riod. I do solemr pplicable provision lisclosure becaus r this reporting propage(s) are a committees by the	aly swear or affin ons of the Camp se contributions eriod. I do soler applete and accur	m that the information aign Financial Discloss (including in-kind) received in the first accounting of all cial Disclosure Act.	contained in this statement ure Act. (Items 10d., 10e.
9. WITNESS SIGNATURE	<u></u>	signature	e of witness		Sful 2844
10. SUMMARY					
a. BALANCE ON HAND LAST F	REPORT			\$3,774.	22
b. TOTAL RECEIPTS THIS PERIO	OD			\$359,305	.00 2014
c. TOTAL DISBURSEMENTS TH	IS PERIOD	***************************************		\$9,267.	89
d. BALANCE ON HAND (10.a.	plus 10.b. minus 10.c.)				\$ <u>353,811.33</u>
e. TOTAL LOANS OUTSTAND	ING				. \$ 0.00
					9
f. TOTAL OBLIGATIONS OUT	STANDING				. \$0.00



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIO		
Vote NO on One Tennessee, Inc.	FROM: 04/01/2014	TO: 06/30/2014	
RECEIPTS			
13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period)			
b. Itemized Contributions (over \$100 from each source this period)		-	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)			
14. LOANS RECEIVED THIS REPORTING PERIOD			
15. INTEREST RECEIVED THIS REPORTING PERIOD		.\$0.00	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		\$ _359,305.00	
DISBURSEMENTS			
17. EXPENDITURES (other than loan payments)			
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed b	by category - e.g., printi	ng, postage,	
Bank Fees \$ 5	1.89		
Parking \$5	6.00		
	<u></u> ₽		
\$ <u></u>			
Total of Expenditures (\$100 or less each payee)	\$ 107.89	1	
b. Itemized Expenditures (Over \$100 each payee this period)	\$9,160.00	<u>L</u> e fin	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)		.\$9,267.89	
18. LOAN REPAYMENTS MADE THIS PERIOD		\$0.00	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)		.\$9,267.89	
20.IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$0.00	L	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 24,435.38	Ŀ	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.	.\$24,435.38		
21.LOANS			
LOANS OUTSTANDING (must be shown in item 10.e.)		\$0.00	
22.OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)	\$0.00	E	
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 0.00	40	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i iter	m 10.f.)	\$0.00	



ITEMIZED . ATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE 2. REPORT CO					RING THE PERIOD	
Vote NO on One Tennessee, Inc. FROM:04/01/2014					TO:06/30/2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$ 0.00	
4. COMPLETE THE APPROPRIATE IT			EXPENDITURE (any expenditures totaling more than	n \$100 to a sigle payee o	during the period,	
must be itemized.)						
First Name	Middle ?	Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			B 4 % 181 %			
Terris, Barnes and Walters Address			Production and Printing		\$5,160.00	
400 Montgomery Street, Suite 700						
City San Francisco	State CA	Zīp Code 94104				
First Name	Middle N		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					,	
Revolution Messaging, LLC			Website Design		\$4,000.00	
Address 1730 Rhode Island Avenue, NW Suite 310					,	
City City	State	Zip Code				
Washington	DC	20036				
First Name	Middle N	arne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	-					
Address						
01						
City	State	Zip Code				
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	- t	Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
E TOTAL ITEMIZED EVERABLE CO.						
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if a	additional i	pages of this form are	e used.)			
(If this is the last page of campaign exper		-	•		\$9.160.00	

1. NAME OF COMMITTEE			2. REPORT COVE	ERING THE PERIOD
Vote NO on One Tennessee, Inc			FROM:04/01/2014	TO:06/30/2014
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS	FOR EAC	CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	during the period)
First Name	M.I.	Last Name/Organization Name Planned Parenthood of Middle and East Tennessee, Inc.		Amount of Contribution
Address		Planned Palenthood of Middle and East Termessee, Inc.		
50 Vantage Way, Suite 102				
City Nashville	State TN	Zip Code 37228		\$175,000.00
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Planned Parenthood of the Great Northwest		Amount of Contribution
Address 2001 East Madison Street		T Flatined Fatering Could be the Oreal Northwest		
City Seattle	State WA	Zip Code 99122		\$50,000.00
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name American Civil Liberties Union, Inc.		Amount of Contribution
Address 125 Broad Street, 18th Floor				
City New York	State NY	Zip Code 10004		\$35,000.00
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Community Action Fund of Planned Parenthood of Orange and San B	emardino Counties	Amount of Contribution
Address 700 South Tustin Street				
City Orange	State CA	Zip Code 92866		\$25,000.00
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Planned Parenthood of Middle and East Tennessee, Inc.		Amount of Contribution
Address 50 Vantage Way, Suite 102		TI INTERA L'ARMINIMA OFFINANCIA DE LA CAMBANACIA DE		
City Nashville	State TN	Zip Code 37228		\$14,500.00
Occupation	"			
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				\$299,500.00



Vota NO an One Tennace Inc				
		FROM:04/01/2014		
		ONS FROM PRECEDING PAGE (enter \$0 if first itemized pa		Amount \$299,500.00
4. COMPLETE THE APPROPRIATE ITEMS	FOREA	CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	during the period)
First Name	M.I.	Last Name/Organization Name Planned Parenthood Advocates Mid-South		Amount of Contribution
Address 2430 Poplar Avenue, Suite 100				
City Memphis	State TN	Zip Code 38112		\$12,500.00
Occupation		•		
Employer				
First Name	M.1.	Last Name/Organization Name Planned Parenthood Advocates Mid-South		Amount of Contribution
Address 2430 Poplar Avenue, Suite 100				
City Memphis	State TN	Zip Code 38112		\$12,500.00
Occupation				
Employer				
First Name Amv	M.I.	Last Name/Organization Name Garrison		Amount of Contribution
Address 802 Glen Leven		I Gauson		
City Nashville	State TN	Zip Code 37204		\$10,000.00
Occupation Community Volunteer				
Employer				
	M.I.	Last Name/Organization Name Planned Parenthood League of Massachusetts		Amount of Contribution
Address 1055 Commonwealth Avenue				
City Boston	State MA	Zip Code 02215		\$10,000.00
Occupation				
Employer	111			==
First Name	M.I.	Last Name/Organization Name Planned Parenthood of Kansas and Mid-Missouri		Amount of Contribution
Address 4401 West 109th Street, Suite 200	•	The state of the s		
City Overland Park	State KS	Zip Code 66211		\$5,000.00
Occupation				
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if a (If this is the last page of contributions, this				\$349,500.00



NAME OF COMMITTEE Vote NO on One Tennessee, Inc.				ERING THE PERIOD
	JTRIBI ITI	ONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	FROM:04/01/2014	TO:06/30/2014 Amount
				\$349,500.00
4. COMPLETE THE APPROPRIATE ITEM	S FOR EAG	CHITEMIZED CONTRIBUTION (contributions totaling more than \$100) from any contributor	during the period)
FirstName James	M.I.	Last Name/Organization Name Gilliland, Jr.		Amount of Contribution
Address		Gillianu, Ji.		-
560 Colonial Road, Suite 200	_			
City Memphis	State TN	Zip Code 38117		\$1,000.00
Occupation Investment Banker				
Employer Raymond James				
FirstName Katherine Gilliland	M.i.	Last Name/Organization Name		Amount of Contribution
Address 560 Colonial Road, Suite 200	1	I Connell		
City Memphis	State TN	Zip Code 38117		\$1,000.00
Occupation Investment Manager				
Employer Gilliland Investments				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Elizabeth Address 560 Colonial Road, Suite 200	l	I Gilliland		
City Memphis	State TN	Zip Code 38117		\$1,000.00
Occupation Freelance Writer	ļ			e .
Employer Self-employed				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Tracev Address 2003 Beechwood Avenue		l George		
City Nashville	State TN	Zip Code 37212		\$1,000.00
Occupation Professor				
Employer				
Vanderbilt University	70			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Jimmie Lynn Address 1417 Beddington Park		Ramsaur		
City Nashville	State TN	Zip Code 37215		\$1,000.00
Occupation Attorney				
Employer				
United States Attomey's Office				
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				\$354,500.00



1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.			FROM:04/01/2014	TO:06/30/2014 Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
	4	CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	× = = = = = = = = = = = = = = = = = = =
First Name Teresa	M.I.	Last Name/Organization Name Halloran		Amount of Contribution
Address 100 Blossom Court				
City Franklin	State TN	Zip Code 37064		\$1,000.00
Occupation Community Volunteer				
Employer				
First Name Jennifer	M.I.	Last Name/Organization Name Charles		Amount of Contribution
Address 3927 Woodlawn Drive				
City Nashville	State TN	Zip Code 37205		\$500.00
Occupation Best Effort Made				
Employer Best Effort Made				
First Name Berdelle	M.I.	Last Name/Organization Name Campbell		Amount of Contribution
Address 1217 5 th Avenue North		Campueii		
City Nashville	State TN	Zip Code 37208		\$500.00
Occupation Community Volunteer				
Employer	nge-			
First Name Edgar	M.I.	Last Name/Organization Name Allen		Amount of Contribution
3631 Valley Vista Road				
City Nashville	State TN	Zip Code 37205		\$500.00
Occupation Retired				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Jacqueline Address 3604 Woodmont Boulevard		Shraqo		
City Nashville	State TN	Zip Code 37215		\$250.00
Occupation Best Effort Made				
Employer Best Effort Made				
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				\$357,250.00

Vote NO on One Tennessee, Inc.	1. NAME OF COMMITTEE 2. REPORT COVER				ERING THE PERIOD	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first limitated page) \$357,280.00 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) First Harmo M.I. Lest NamerOrganization frame Account of Contributor Corp State ZapCode Knowlide TN 37919 Compation Community Volunteer Account of Contributor First fame M.I. Lest NamerOrganization Name Account of Contributor Knowlide Size ZapCode Knowlide Size ZapCode Knowlide Size ZapCode Knowlide Size ZapCode Reversion Size ZapCode Reversion Self-amproved Account of Contributor Presentation M.I. Lest NamerOrganization Name Account of Contributor Approved Size ZapCode Community Volunteer Lest NamerOrganization Name Account of Contributor Presentation M.I. Lest NamerOrganization Name Account of Contributor Community Volunt	Vote NO on One Tennessee, Inc. FROM:04/01/2014					
Part Name						
Manage M	4. COMPLETE THE APPROPRIATE ITEMS	S FOR EAC	CHITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	during the period)	
		M.I.			Amount of Contribution	
			Henschen			
Knowlite TN 37819 Section The Image The I	2009 Lyons View Road					
Community Volunteer	City Knoxville		Zip Code 37919		\$250.00	
First Name	·					
Kirsty Newton Address Address City State Zip Code Know/le TN Zip Code Coxpation Physician Application Physician Tryloyer Application Name Application Name Statie Lucifier Advisors Application Name Application Name City State Zip Code Application Name Application Name Address City State Zip Code Application Name Application Name Address Timployer Timployer Application Name Application Name City State Zip Code Application Name Application Name Address Timployer Zip Code Application Name Application Name City State Zip Code Application Name Application Name City State Zip Code Application Name Application Name City State Zip Code Application Name Application Name <t< td=""><td>Employer</td><td></td><td></td><td></td><td></td></t<>	Employer					
Kirsty Newton Address Address City State Zip Code Know/le TN Zip Code Coxpation Physician Application Physician Tryloyer Application Name Application Name Statie Lucifier Advisors Application Name Application Name City State Zip Code Application Name Application Name Address City State Zip Code Application Name Application Name Address Timployer Timployer Application Name Application Name City State Zip Code Application Name Application Name Address Timployer Zip Code Application Name Application Name City State Zip Code Application Name Application Name City State Zip Code Application Name Application Name City State Zip Code Application Name Application Name <t< td=""><td></td><td>P</td><td>T</td><td></td><td></td></t<>		P	T			
Substance		M.I.			Arnount of Contribution	
Knoxylle TN 37919 Cocyaption Physician Employee Self-employeed First Name ML Last NameOrganization Name Amount of Contribution Name Shidew Account of Spinite Name Amount of Contribution Name City State Zip Code Amount of Contribution Name Mill Last NameOrganization Name Amount of Contribution Name Cocyaption ML Last NameOrganization Name Amount of Contribution Name Address Zip Code Amount of Contribution Name City State Zip Code Cocyaption Employer Amount of Contribution Name First Name ML Last NameOrganization Name Amount of Contribution Name Address City State Zip Code City State	Address 1553 Agawela Avenue					
Physician	City Knoxville		Zip Code 37919		\$250.00	
Employer Self-employed M.I. Last Name/Organization Name Amount of Contribution First Name M.I. Last Name/Organization Name Amount of Contribution City State TN 38104 Zip Code X200.00 Cocupation Community Volunteer Employer Amount of Contribution First Name M.I. Last Name/Organization Name Amount of Contribution Address Zip Code Amount of Contribution City State Zip Code Cocupation Employer Amount of Contribution First Name M.I. Last Name/Organization Name Amount of Contribution Address Title Code Amount of Contribution Amount of Contribution City State Zip Code Amount of Contribution City State Zip Code Amount of Contribution Cocupation Title Code Amount of Contribution City State Zip Code State Code Amount of Contribution City State Zip Code State Code <td></td> <td>I</td> <td></td> <td></td> <td></td>		I				
Self-employed M.I. Last Name Organization Name Arrount of Contribution Name Shittley Address Lunfer Arrount of Contribution Name City MI. List Name/Organization Name Arrount of Contribution Name Cocupation MI. List Name/Organization Name Arrount of Contribution Name Prior Name MI. List Name/Organization Name Arrount of Contribution Name Occupation State Zip Code City State Zip Code Cocupation Employer Arrount of Contribution Name First Name MI. Last Name/Organization Name Arrount of Contribution Name Address City State Zip Code City State Zip Code Occupation Total Contribution Name Arrount of Contribution Name Address City State Zip Code City State Zip Code State Zip Code City Cocupation Arrount of Contribution Name State Zip Code						
Shide y 1618 Harbert Lunfer Address 1618 Harbert State Space Address 200.00 Amount of Continuton Continuton Address 200.00 Amount of Co	I .					
Address City Memphis State TN State TN State		M.I.			Amount of Contribution	
Memphis TN 38104 \$200.00 Cocupation Cornwantiny Volunteer Cornwantiny Volunteer Cornwantiny Volunteer Employer First Name M.I. Last Name/Organization Name Amount of Contribution Address Cocupation Employer First Name M.I. Last Name/Organization Name Amount of Contribution First Name M.I. Last Name/Organization Name Amount of Contribution Address City State Zip Code City State Zip Code Cocupation Employer State Zip Code S.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) \$357,950.00	Address 1618 Harbert		1 Luofer			
Community Volunteer Employer M.I. Last Name/Organization Name Amount of Contribution Name Address City State Z/p Code City State Z/p Code Cocupation Employer First Name M.I. Last Name/Organization Name First Name M.I. Last Name/Organization Name Amount of Contribution Name City State Z/p Code City State Z/p Code City State Z/p Code Cocupation S/p Code Employer S.TOTAL ITEMIZED CONTRIBUTIONS S357.950.00 (Carry forward to item 3. of next page if additional pages of this form are used.) S357.950.00			Zip Code 38104		\$200.00	
Employer First Name ML Last Name/Organization Name Address City State Zip Code Cocupation Employer First Name ML Last Name/Organization Name Address City State Zip Code Cocupation Name First Name ML Last Name/Organization Name Address City State Zip Code Cocupation Name Address City State Zip Code State Zip Code Cocupation Name Address City Code Name Name Name Name Name Name Name Nam						
Address Zip Code Occupation Employer First Name M.I. Last Name(Organization Name Amount of Contribution Address Cily State Zip Code City State Zip Code Occupation Employer Total ITEMIZED CONTRIBUTIONS						
Address Zip Code Occupation Employer First Name M.I. Last Name(Organization Name Amount of Contribution Address Cily State Zip Code City State Zip Code Occupation Employer Total ITEMIZED CONTRIBUTIONS	First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Amount of Contribution City State Zip Code City State Zip Code Cocupation City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	Arkiness					
Occupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) State St	, Addison					
Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Occupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) Amount of Contribution Amount of Contribution Amount of Contribution For Contribution Amount of Contribution State Zip Code State Zip Code State Zip Code Size Zip Code	City	State	Zip Code			
First Name Address City State Zip Code Occupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Sample Contribution For Contribution Amount of Contribution Sample Contribution Samp	Occupation					
Address City State Zip Code Occupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) \$357,950.00	Employer					
City State Zip Code Occupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) \$357,950,00	First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Occupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) \$357,950,00	Address					
Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) \$357,950,00	City	State	Zip Code			
5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) \$\frac{357,950,00}{357,950,00}\$	Occupation					
(Carry forward to item 3. of next page if additional pages of this form are used.)	Employer					
13337,330,00 1	5.TOTAL ITEMIZED CONTRIBUTIONS					
					\$357,950.00	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

NAME OF COMMITTEE	2. REPORT COVE				
Vote NO on One Tennessee, Inc	FROM:04/01/2014	TO:06/30/2014			
3. TOTAL ITEMIZED IN-KIND CONTRIBL	Amount \$0.00				
4. COMPLETE THE APPROPRIATE ITEM	ny contributor during the period)				
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Planned Parenthood of Middle and East T	ennessee, Inc.		Salaries and Wages		\$19,656.56
Address 50 Vantage Way, Suite 102					
City Nashville	State TN	Zip Code 37228			
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Planned Parenthood Greater Memphis Re Address 2430 Poplar Avenue, Suite 100	gion		Salaries and Wages		\$4,123.76
City Memphis	State TN	Zip Code 38112			
Occupation		<u></u>			
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name American Civil Liberties Union - TN			Salaries and Wages		\$655.06
Address P.O. Box 120160	115	ter.			
City Nashville	State TN	Zip Code 37212			
Occupation		116			
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTR (Carry forward to item 3 of next p (If this is the last page of in-kind of	age if additional				\$24,435.38